

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																																																							
1 Date of Request: <u>3/23/05</u>		2 Serial/Patent # <u>10/520465</u>																																																																																																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 5px;">Filing <u>Fee Change</u></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>									<input type="checkbox"/>	Amendment									<input type="checkbox"/>	Extension of Time									<input type="checkbox"/>	Notice of Appeal/Appeal									<input type="checkbox"/>	Petition									<input type="checkbox"/>	Issue									<input type="checkbox"/>	Cert of Correction/Terminal Disc.									<input type="checkbox"/>	Maintenance									<input type="checkbox"/>	Assignment									<input type="checkbox"/>	Other									4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND <span style="float: right;">\$ <u>100.00</u></span>																																																																																																							
8 TO BE REFUNDED BY: <u>cc</u> <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>19--4880</u>																																																																																																							
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																																																																																																							
11 REFUND REQUESTED BY: _____ TYPED/PRINTED NAME: <u>Rita White</u> TITLE: <u>Legal Assistant/Manager</u> SIGNATURE: <u>Rita White</u> PHONE: <u>7/308-9140 ext. 231</u> OFFICE: <u>DO/EO</u>																																																																																																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																																																																							

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*